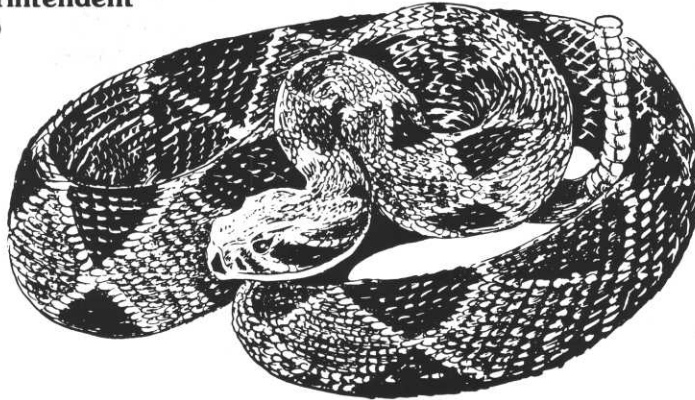


# ONCE BITTEN

By Chuck Calhoun  
Assistant Golf Course Superintendent  
John's Island Club



*Eastern Diamondback*

"Snakes"! For many not a pleasant topic but one which we all must face at one time or another. In our business of course and grounds maintenance, happening across one of these ancient reptiles is an almost inevitable occurrence. As increased development continues in our state, club grounds and golf courses offer a haven and possibly a chance of survival for these "usually" most beneficial creatures.

Here in Florida with our sub-tropical climate we are host to many different species, most of which are totally harmless. These can range from the small ring-necked snake 10' -12' to some members of the racer

family reaching lengths in excess of 7'. Many of these snakes will live an entire life time in a flower bed or mulch garden the size of a small putting green. To go into detail about habits and environments of our numerous species could consume volumes.

The real reason for this article is to possibly help you and your staff avoid some of the serious problems that may be encountered on your course. We in Florida happen to have the dubious honor of having 3 of the 4 venomous snakes native to North American, these being the rattlesnake, cottonmouth moccasin

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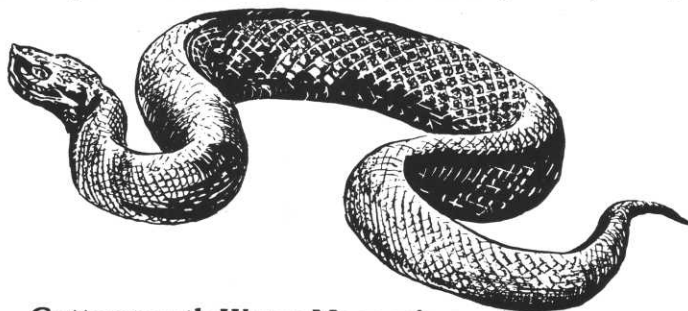
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and the coral snake. (Yes, the copperhead is found in Florida but generally only in the Northern Panhandle areas).

Having been the victim of a large rattlesnake bite, I feel it necessary to shed some light on conditions and Rx that may help someone else avoid this most unpleasant and painful experience. As noted earlier with new construction and building taking place in our state these reptiles are being forced into many areas where they might not be expected. I know many of you with courses in city areas might not think of snakes as a problem, but save man and his shovel, they are there.

On the golf course there are many instances where yourself or a member of your crew may come into contact with one of these unique creatures. For example, using your hand rather than a cup puller (when doing cups) in the morning a common practice, should always be avoided, cleaning beds and such without gloves (a favorite habitat of the very dangerous coral snake), dumping clippings in a nearby bush areas, etc. A little time watching your step and where a person sticks his or her hand could save a life or a limb. Sounds drastic but it is a possibility.

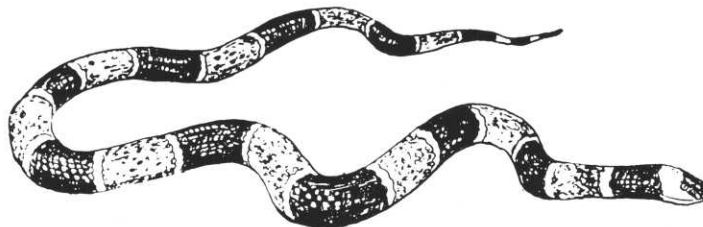
Our poisonous snakes possess two different types of toxins, the Hemotoxins (rattler, moccasin) and Neurotoxins (coral snake). The Hemotoxins affect the blood and tissue systems, the Neurotoxins affect the nervous system. A bite from either of these types of snakes is a matter not to be taken lightly. NOTE: an inexpensive pamphlet should be kept on hand for positive I.D. as most harmless snakes will snap and bite if provoked. These bites are usually small, barely



*Cottonmouth Water Moccasin*

skin breaking and cause no problems unless uninformed.

There have been many medical recommendations over the years as to proper Rx. The movie and TV method of making a cut and sucking out the poison is probably the most widely known and most dangerous, a small cut in your mouth, your worse off than the victim. Ice packs recently considered a plus are now not recommended.



*Eastern Coral Snake*

A tourniquet should only be used unless immediate medical attention is not available, then only to slow not stop the bleeding as this can concentrate the venom and cause increased tissue damage. The best method is to simply call for an ambulance and watch for sign of shock.

These paragraphs may seem old hat for some of you, but these things do happen. As for myself (I hope you didn't skip to the end for the gory details) as I mentioned earlier approx. 1½ years ago, I was bitten on my right hand by a 6½ foot Florida diamond back rattler (not on the course). The initial bite probably ranks with a bee sting but the after effects were a different story. My partner and I were 45 minutes from a telephone and by the time we reached an ambulance, I was already losing consciousness. After reaching a hospital 1½ hours after the bite, I had almost no blood pressure (this due mainly because of the location of the bite, a main vein in my right hand). I had to be airlifted to an Orlando hospital where they were better equipped to handle my condition. After 30 units of anti-venom and 6 days in the hospital, I was able to go home. I am just recovering 100% use of my hand but thanks to having some knowledge of what to do. I still have it.

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